



**3315 West Truman Blvd.  
P.O. Box 58  
Jefferson City, MO 65102-0058**

1. Injury No.
2. Date of Injury
3. Case Venue

4. Employee	5. Address of Employee	6. Employee's Telephone No.
7. Attorney for Employee	8. Address of Employee's Attorney	9. Employee's Attorney Telephone No.
10. Attorney for Employer/Insurer	11. Address of Employer/Insurer Attorney	12. Employer/Insurer Attorney's Telephone No.
13. Insurance Company and/or Third Party Administrator	14. Address of Insurance Company or Third Party Administrator, if known	15. Party Requesting the Conference

[illegible]

- The settlement is not the result of undue influence or fraud;
- The employee fully understands his or her rights and benefits;
- The employee voluntarily agrees to accept the terms of the agreement; and
- The settlement is in accordance with the rights of the parties.

DIVISION USE ONLY

Approved \_\_\_\_\_

Date \_\_\_\_\_

WC-182 (03-06) AI